PTO/SB/17 (10-08)
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Effective on 12/	Complete if Known						
FEE TRANSMITTAL For FY 2009					10/563,325-Conf. #6939		
			T MINIS GRAVE		July 6, 2006		
					Makoto SAKUTA D. H. Chu		
Applicant claims small entity status. See 37 CFR 1.27			ALOIR		2628		
TOTAL AMOUNT OF PAYMENT (\$) 810.00		Attorney Docket No. 0		0717-0547PUS1			
METHOD OF PAYMENT (chee	ck all that apply)						
Check Credit Card	Money Order	No		please identify			
X Deposit Account Deposit Account	nt Number: 02	-2448	Deposit	Account Name:	Birch, Stewa	rt, Kolasch & Bir	ch, LLP
For the above-identified de	posit account, the I	Director i	s hereby authorize	ed to: (chec	k all that apply)	
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
X Charge any additiona fee(s) under 37 CFR	al fee(s) or underpa 1.16 and 1.17	yments c	f x Credit	any overpa	yments		
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND							
	FILING FEES Small Entity	SE	ARCH FEES Small Entity	EXAMIN	ATION FEES Small Entity	5	
Application Type Fee		Fee (Fee (\$)	Fee (\$)	Fee (\$)	Fees Pa	d (\$)
Utility 33	0 165	540	270	220	110		
Design 22	0 110	100	50	140	70		
Plant 22		330		170	85		
Reissue 33	0 165	540	270	650	325		
Provisional 22	0 110	0	0	0	0		
2. EXCESS CLAIM FEES						Fee (\$)	nali Entity Fee (\$)
Fee Description Each claim over 20 (including Rei	icanaa)					52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims	eraumg resource)					390	195
Total Claims Extra Clai	ee Pald (\$)	ald (\$) Multiple Dependent Claims					
23 -27 or HP	,,,	Fe	e (\$)	Fee Paid (\$)			
HP = highest number of total claims paid	for, if greater than 20.						
			Fee Paid (\$)				
6 - 6 or HP =		_					
HP = highest number of independent clair	ms paid for, if greater th	an 3.					
APPLICATION SIZE FEEIf the specification and drawings	exceed 100 chasts	of naner	(excluding electr	onically fil	ed sequence o	r commuter	
listings under 37 CFR 1.52(e)), the application si	ze fee d	ie is \$270 (\$135 t	for small er	tity) for each	additional 50	
sheets or fraction thereof. See							
Total Sheets Extra She			additional 50 or fra			Fee Pa	.id (\$)
- 100 =	/50 =		(round up to a who	ole number)	×	-	
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00							
Other (e.g., late filing surcharg	e): 1801 Reques	t for cor	tinued examina	tion (RCE) (see 37	810	00
SUBMITTED BY	2//		Registration No.	39,491	_		
Signature	ignature /////						
Name (Print/Type) Michael R. Cammarata					Date	November 1	3, 2009

